PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: $\underline{\text{Mail}}$ Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885

maintenance fee notifica	ed below or directed oth tions.	erwise in Block 1, by	(a) specifying a new con-	TION FEE (if requirements fees we appointed address;	ired). Blocks I through 5 vill be mailed to the curren and/or (b) indicating a sep	should be completed whe t correspondence address a arate "FHE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
YOUNG & THOMPSON 209 Madison Street Suite 500 ALEXANDRIA, VA 22314				Certificate of Mailing or Transmission I hereby certify that this Foe(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimilitransmitted to the USPTO (571) 273-2885, on the date indicated below.		
1 020202 20 21 120 1 120 1	(VI LLUIT					(Depositor's name)
				TO STANSON AND ADDRESS OF THE PARTY OF THE P		(Signature)
**************************************	**************************************	and the state of t		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	O CONTRACTOR OF THE OWNER OWN	(Date)
-	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/589,874 TITLE OF INVENTION:	08/18/2006 FACE MASK FOR THI	PROTECTION AGA	Stefano Cerbini LINST BIOLOGICAL ACI	ents	2563-1002	2769
APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	DEC 1970 A TECHNOLOGY BY THE	
nonprovisional	YES	\$755	\$300	\$0	The state of the s	DATE DUE
EXAMB	MES	ART UNIT	THE THE PERSON NAMED IN TH	~U	\$1055	12/21/2009
DOUGLAS, STEVEN O		3771	CLASS-SUBCLASS	j		
1. Change of correspondence address or indication of "Fee			128-205290 2. For printing on the	A CONTRACTOR OF THE PROPERTY O	OFFICE CONTRACTOR AND AND ADDRESS OF THE STATE OF THE STA	=====
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth (A) NAME OF ASSIGN	ss an assignee is identifi in 37 CFR 3.11. Comple	FO BE PRINTED ON ed below, no assignee tion of this form is NC	THE PATENT (print or ty data will appear on the p IT a substitute for filing an (B) RESIDENCE: (CITY	atent. If an assignee assignment.	is identified below, the do	cument has been filed for
Please check the appropriat	e assignes category or ca	tegories (will not be p	rinted on the patent):	Individual Corp	poration or other private grou	p entity 🚨 Government
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the conjuged fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.			(if necessary) D. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). d from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in Office.			
NOTE: The Issue Fee and I interest as shown by the rec	ublication Fee (if require ords of the United States	ed) will not be accepted Patent and Trademark	d Commen a sure and the second	ne applicant; a registe	red attorney or agent; or the	assignee or other party in
Authorized Signature	Bench	Castel		Date_Dece	mber 22, 2009	ATTENDED TO THE PROPERTY OF TH
Typod or printed name Benoit Castel			D. T. S.		35,041	
submitting the completed at this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	oplication form to the U: for reducing this burde inia 22313-1450, DO N -1450,	SPTO. Time will vary 1, should be sent to the OT SEND FEES OR (depending upon the indivi- Chief Information Office COMPLETED FORMS TO	issual case. Any commer, U.S. Patent and Tra THIS ADDRESS. S	public which is to file (and butes to complete, including nents on the amount of time demark Office, U.S. Depart END TO: Commissioner for the demark of the commissioner for the state of the control networks a valid OMB control networks.	gathering, preparing, and you require to complete ment of Commerce, P.O. Patents, P.O. Box 1450,